

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

27339

2997

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hours**
In this community **30 years**

3. (a) PRINT
FULL NAME

Patrick Barrett

3. (b) If veteran,

name war

No

3. (c) Social Security

No. **None**

4. Sex

Male

5. Color or

race **White**

6. (a) Single, widowed, married,
divorced

Widowed

6. (b) Name of husband or wife

Unknown

6. (c) Age of husband or wife if

alive **Unknown** years

7. Birth date of deceased

Unknown

8. AGE:

Years **about 79**

Months

Days

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

Ireland

(State or foreign country)

10. Usual occupation

Retired Laborer

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

(City, town, or county)

Ireland

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

Ireland

(State or foreign country)

16. (a) Informant

Mr. M. Griffin

(b) Address

2525 Summit, K.C., Mo.

17. (a)

Burial

(b) Date thereof

8-8-1941

(c) Place: burial or cremation

Greenlawn

18. (a) Signature of funeral director

J. F. O'Donnell Co.

(b) Address

2525 Broadway, K. C., Mo.

19. (a)

(Date received local registrar)

(b)

M. M. Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri

Jackson

(a) State

(b) County

(c) City or town

Kansas City

(If outside city or town limits, write "RURAL")

(d) Street No.

2115 Jefferson

(If rural, give location)

(e) Citizen of foreign country?

No

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

Aug.

4

20. DATE OF DEATH: Month

year **1941**

hour

minute **35 P.** M.

21. I hereby certify that I attended the deceased from

that I last saw the deceased alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

23. Signature

Address

(M. D. or other)

Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Park Y. Rowe

Licensed Embalmer No.

2347

P. O. Address.....

25 E. 5th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.